01807.000758.



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| In re Application of: |) | | |
|-------------------------------|---|---------------------|------------------------|
| | : | Examiner: K.Y. Poon | |
| JEAN-JACQUES MOREAU ET AL. |) | | |
| • | | TC/Art Unit: 2624 | |
| Application No.: 09/420,777 |) | | |
| Filed: October 19, 1999 | : | | |
| | : | | |
| For: METHOD AND DEVICE FOR |) | | |
| PREDICTING THE QUALITY OF | : | | |
| PRINTING PRODUCT AVAILABLE IN |) | | |
| A PRINTER AND NECESSARY | : | | |
| FOR PRINTING A DOCUMENT |) | August 16, 2004 | RECEIVED |
| Mail Stop Amendment | | | AUG 2 5 2004 |
| Commissioner for Patents | | • | = 1 1 0 |
| P.O. Box 1450 | | | Technology Center 2600 |
| Alexandria, VA 22313-1450 | | | |

AMENDMENT

Sir:

In response to the Office Action dated May 14, 2004 (August 14, 2004, being a Saturday), please amend the above-identified application as follows. The claims changes are reflected in the listing that begins at page 2, and the Remarks begin at page 24.

> I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on August 16, 2004 (Date of Deposit) LOCK SEE YU-JAHNES (Reg. No. 38,667) (Name of Attorney for Applicants) August 16, 2004 Date of Signature

In re Application of:

JEAN-JACQUES MOREAU ET AL.

Docket No. 01807.000758

Application No.: 09/420,777

Examiner: K.Y. Poon

Filed: October 19, 1999

TC/Art Unit: 2624

For: METHOD AND DEVICE FOR PREDICTING THE

QUALITY OF PRINTING PRODUCT

AVAILABLE IN A PRINTER AND NECESSARY

FOR PRINTING A DOCUMENT

Date: August 16, 2004

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

RECEIVED

Sir:

AUG 2 5 2004

Transmitted herewith is an Amendment in the above-identified application.

Technology Center 2600

X No additional fee is required.

The fee has been calculated as shown below

| CLAIMS AS AMENDED | | | | | | |
|--|--|-------|--|-------------------------|----------------|-------------------|
| | (2) CLAIMS REMAINING AFTER AMENDMENT | | (4) HIGHEST NO. PREVIOUSLY PAID FOR | (5) PRESENT EXTRA | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | * 72 | MINUS | ** 152 | 0 | x \$9 \$18 | \$0 |
| INDEP. CLAIMS | * 5 | MINUS | *** 5 | 0 | x \$43 \$86 | \$0 |
| Fee for Multiple Dependent claims \$145°/\$290 | | | | Previously Paid | | |
| | | | TOTAL ADDITI | | | \$0 |

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

| | Verified Statement claiming sr | mall entity status is enc | losed, if not filed previously |
|---|--------------------------------|---------------------------|--------------------------------|
| 1 | | | , |

| | A check in the amount of \$ is enclosed. |
|---|---|
| | Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed |
| X | Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06 1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed. |
| | A check in the amount of \$ to cover the fee for amonth extension is enclosed. |
| | A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed. |
| X | Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below. |
| | Respectfully submitted, |
| | ℓ , ℓ , ℓ , ℓ |

Lock See Yu-Jahnes

Attorney for Applicants Registration No. 38,667

FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza New York, New York 10112-3800 Facsimile: (212) 218-2200

Form #120

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